

## QUALITY CONTROL RECORD OF DAILY ACTIVITIES

<b>PROJECT:</b> _____ <b>PROJECT NO:</b> _____ <b>DATE:</b> _____ <b>Contractor:</b> _____ <b>ADOT TRACS #:</b> _____		S	M	T	W	T	F	S
		Sunny		Cloudy		Rainy		
		<32	32-40	50s	60s	70s		
		80s	90s	100s	110s	*		
<b>GCI REPRESENTATIVE:</b> _____ Page _____ OF _____								
<b>ARRIVE:</b> _____ AM/PM <b>DEPART:</b> _____ AM/PM		<b>Standby:</b> _____ Hrs. <b>REASON:</b> _____						
PERSONNEL / CREW (full name):		REG HRS		OT HRS		TOT HRS		MILES
_____		_____		_____		_____		_____
_____		_____		_____		_____		_____
_____		_____		_____		_____		_____
<b>ACTIVITIES:</b> <i>Your text here</i>								
<b>FULL NAME OF AUTHOR:</b> _____								
This report reflects the views of the author only and is subject to revision after review.								
<h1 style="margin: 0;">RECORD OF DAILY ACTIVITIES</h1>				<b>Name of Lab:</b> _____ <b>Address:</b> _____ <b>City, State, Zip:</b> _____				